

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Rm	12	7/10/01
FORMALITY REVIEW		781	08-17-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1 ✓	7/2/01
2 ✓	7/2/01
3 ✓	7/2/01
4 ✓	7/2/01
5 ✓	7/2/01
6 ✓	7/2/01
7 ✓	= ✓
8 ✓	
9 ✓	
10 ✓	7/2/01
11 ✓	= ✓
12 ✓	
13 ✓	= ✓
14 ✓	
15 ✓	
16 ✓	
17 ✓	
18 ✓	
19 ✓	
20 ✓	7/2/01
21 ✓	7/2/01
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30 ✓	
31 ✓	
32 ✓	
33 ✓	
34 ✓	7/2/01
35 ✓	
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42 ✓	7/2/01
43 ✓	7/2/01
44 ✓	
45 ✓	7/2/01
46 ✓	
47 ✓	
48 ✓	
49 ✓	7/2/01
50 ✓	7/2/01

Claim	Date
Final	
Original	
51 ✓	7/2/01
52 ✓	
53 ✓	
54 ✓	
55 ✓	
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Claim	Date
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147 ✓	
148 ✓	
149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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